

DEC 22 1941 7911

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 9339

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 22 days
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME Priscilla Clark

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Clark 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased September 19th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 3 hr. min.

9. Birthplace Livingston Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name George Watts
13. Birthplace Livingston Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Mundy
15. Birthplace Livingston Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Daniels
(b) Address 1925 Belle Glade
17. (a) Burial (b) Date thereof 11/25/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. Nov. 25, 1941 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1925 Belle Glade
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, 1941
year..... hour..... minute 9 A. M.

21. I hereby certify that I attended the deceased from July 31, 1941
to November 22, 1941
that I last saw her alive on November 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis
Bronchopneumonia

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Budick (M, D, or other) 11-24-41
Address 2601 Whittier Date signed.....

NOV 25 1941

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

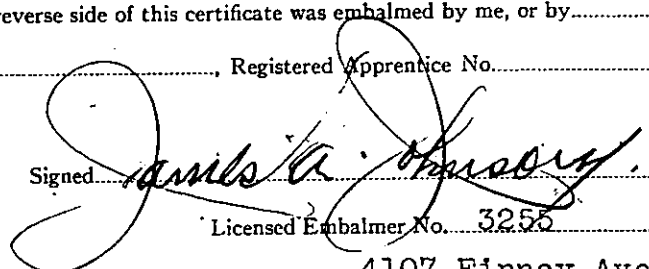
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3255

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.